

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213500354					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MARINE SPILL RESPONSE CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TN</p> </div> <div style="width: 35%; vertical-align: top;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: F1095811</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 220 SPRING ST STE 500</p> <p style="text-align: center;">CITY/ST/ZIP: HERNDON, VA 20170</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN BENZ TITLE: PRESIDENT ADDRESS: 220 SPRING ST STE 500 CITY/ST/ZIP/CO: HERNDON, VA 20170 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: STEVEN BENZ TITLE: PRESIDENT ADDRESS: 220 SPRING ST STE 500 CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL G WALKER VICE PRESIDENT 400 N. SAM HOUSTON PKWY E SUITE 204 HOUSTON, TX 77060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GINA PACE ASST SECRETARY 220 SPRING ST SUITE 500 HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE MURPHY ASST TREASURER 220 SPRING ST SUITE 500 HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT G DREWRY DIRECTOR 8777 N. GAINEY CTR DR SUITE 165 SCOTTSDALE, AZ 85258	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK KELLER DIRECTOR 366 CASTELLO RD LAFAYETTE, CA 94549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERI EAGAN DIRECTOR 9 MacArthur Place, Unit 1609 SANTA ANA, CA 92707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM PLUMMER DIRECTOR 39 Mariner Lane BOWDOIN, ME 04287	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN V ZIMMER DIRECTOR 11152 CONESTOGA CT OAKTON, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL J SAMPLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J SAMPLE, VP/SEC PRINTED NAME AND CORPORATE TITLE	1/3/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			